

7009 0080 0000 7301 1572

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OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
Here

Pacific Credit Exchange
15760 Ventura Blvd., #A-11
Encino, CA 91436-3057
CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Pacific Credit Exchange 15760 Ventura Blvd., #A-11 Encino, CA 91436-3057 CV09-02053 & CV09-03445 / JD</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
		<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7009 0080 0000 7301 1572</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	

REC'D SEP 11 2009

EXHIBIT NO. E³⁵

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7009 0080 0000 7301 1589

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Eskanos & Adler, PC
 Donald R. Stebbins/Janet L. Brown
 Kurtiss A. Jacobs/Jerome M. Yalon
 2325 Clayton Road
 Concord, CA 94520
 CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>Elaine Pooni</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Elaine Pooni</i></p> <p>C. Date of Delivery <i>9-8-09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Eskanos & Adler, PC Donald R. Stebbins/Janet L. Brown Kurtiss A. Jacobs/Jerome M. Yalon 2325 Clayton Road Concord, CA 94520 CV09-02053 & CV09-03445 / JD</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 0080 0000 7301 1589</p>	

REC'D SEP 11 2009

EXHIBIT NO. E 36

7009 0080 0000 7301 1596

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Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Lori A. Cruz, Chief Attorney
 5701 S. Eastern Avenue, Suite 201
 Commerce, CA 90040-2924
 CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>Darlene Nadeau</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Lori A. Cruz, Chief Attorney 5701 S. Eastern Avenue, Suite 201 Commerce, CA 90040-2924 CV09-02053 & CV09-03445 / JD</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery <i>9/8</i></p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>	
<p>REC'D SEP 11 2009</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>7009 0080 0000 7301 1596</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	

EXHIBIT NO. E³⁷

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
Here

Karen G. Wood
P.O. Box 8060
Laguna Hills, CA 92654
CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

7009 0080 0000 7301 1619

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Karen G. Wood</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>K. Wood</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Karen G. Wood P.O. Box 8060 Laguna Hills, CA 92654 CV09-02053 & CV09-03445 / JD</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p style="font-size: 1.5em; font-weight: bold;">REC'D SEP 10 2009</p>	
<p>7009 0080 0000 7301 1619</p>	

EXHIBIT NO. E³⁹

7009 0080 0000 7301 1626

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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Special Procedures Section
P.O. Box 2952
Sacramento, CA 95812-2952
CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Special Procedures Section
P.O. Box 2952
Sacramento, CA 95812-2952
CV09-02053 & CV09-03445 / JD

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Ramon Brit

B. Received by (Printed Name) C. Date of Delivery
Ramon Brit

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

REC'D SEP 14 2009

3. Service Type Express Mail Return Receipt for Merchandise
 Certified Mail Registered C.O.D.
 Insured Mail

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7009 0080 0000 7301 1626

EXHIBIT NO. E-40

U.S. Postal Service™
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OFFICIAL USE

7009 0080 0000 7301 1633

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

George L. Holbrook, Director
 Department of Child Support Services
 2795 South 4th Street
 El Centro, CA 92243
 CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

George L. Holbrook, Director
 Department of Child Support Services
 2795 South 4th Street
 El Centro, CA 92243
 CV09-02053 & CV09-03445 / JD

REC'D SEP 09 2009

2. Article Number
(Transfer from service label)

7009 0080 0000 7301 1633

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Stephan Madro Addressee

B. Received by (Printed Name) Date of Delivery
Stephan Madro

D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

EXHIBIT NO. E⁴

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7009 0080 0000 7301 1640

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Dean R. Prober
 Polk, Prober & Raphael
 20750 Ventura Blvd., #100
 Woodland Hills, CA 91364
 CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>9.8.09</u></p>
<p>1. Article Addressed to:</p> <p>Dean R. Prober Polk, Prober & Raphael 20750 Ventura Blvd., #100 Woodland Hills, CA 91364 CV09-02053 & CV09-03445 / JD</p> <p style="text-align: center; font-size: 1.2em;">REC'D SEP 10 2009</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center;">7009 0080 0000 7301 1640</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

EXHIBIT NO. E 42

U.S. Postal Service™
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7009 0080 0000 7301 1657

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Jan C. Sturla, Director O.C. Dept. of Child Support Services P.O. Box 22099 Santa Ana, CA 92702-2099 CV09-02053 & CV09-03445 / JD		
PS Form 3800, August 2006		See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jan C. Sturla, Director
 O.C. Dept. of Child Support Services
 P.O. Box 22099
 Santa Ana, CA 92702-2099
 CV09-02053 & CV09-03445 / JD

REC'D SEP 09 2009

COMPLETE THIS SECTION ON DELIVERY

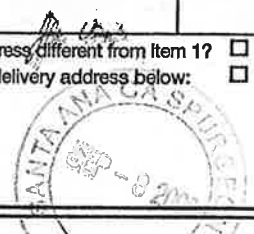
A. Signature Agent Addressee
X

B. Received by (Printed Name) **JOE HON** C. Date of Delivery

D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number (Transfer from service label) **7009 0080 0000 7301 1657**

EXHIBIT NO. EPB

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7009 0080 0000 7301 1664

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Desert Water Agency Attn: Laura P. P.O. Box 1710 Palm Springs, CA 92263-1710 CV09-02053 & CV09-03445 / JD		

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Desert Water Agency
 Attn: Laura P.
 P.O. Box 1710
 Palm Springs, CA 92263-1710
 CV09-02053 & CV09-03445 / JD

REC'D SEP 10 2009

2. Article Number
(Transfer from service label)

7009 0080 0000 7301 1664

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (*Printed Name*) C. Date of Delivery
 RODNEY BITH 9/9/09

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (*Extra Fee*) Yes

EXHIBIT NO. E⁴⁴

7009 0080 0000 0900 6002

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Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Superior Court of California
 County of Riverside
 4100 Main Street
 Riverside, CA 92501
 CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>9/8</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Superior Court of California County of Riverside 4100 Main Street Riverside, CA 92501 CV09-02053 & CV09-03445 / JD</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>REC'D SEP 10 2009</p>		<p>7009 0080 0000 7301 1671</p>	

EXHIBIT NO. E⁴⁵

7009 0080 0000 7301 1688

U.S. Postal Service TM
CERTIFIED MAIL TM **RECEIPT**
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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Joseph S. Amiani
 3700 Stonemont Drive
 Hemet, CA 92545
 CV09-02053 & CV09-03445 / JD

RS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joseph S. Amiani
 3700 Stonemont Drive
 Hemet, CA 92545
 CV09-02053 & CV09-03445 / JD

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Joseph S. Amiani Addressee

B. Received by *(Printed Name)* C. Date of Delivery
JD *9/5/09*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? *(Extra Fee)* Yes

REC'D SEP 08 2009

7009 0080 0000 7301 1688

EXHIBIT NO. E⁴⁶

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OFFICIAL USE

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee <small>(Endorsement Required)</small>	
Restricted Delivery Fee <small>(Endorsement Required)</small>	

Internal Revenue Service
 2400 Avila Road, Mail Stop 5910
 Laguna Niguel, CA 92677
 CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

7009 0080 0000 7301 1695

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Internal Revenue Service
 2400 Avila Road, Mail Stop 5910
 Laguna Niguel, CA 92677
 CV09-02053 & CV09-03445 / JD

REC'D SEP 09 2009

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X MD

B. Received by (Printed Name) C. Date of Delivery

9/8/09

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7009 0080 0000 7301 1695

EXHIBIT NO. E 47

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7009 0080 0000 7301 1701

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Richard L. Dewberry
 Bewley, Lassleben & Miller, LLP
 13215 E. Penn Street, Suite 510
 Whittier, CA 90602
 CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i></p> <p><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>m. Johnson</i></p> <p>C. Date of Delivery <i>9/8</i></p>
<p>1. Article Addressed to:</p> <p>Richard L. Dewberry Bewley, Lassleben & Miller, LLP 13215 E. Penn Street, Suite 510 Whittier, CA 90602 CV09-02053 & CV09-03445 / JD</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>REC'D SEP 10 2009</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 0080 0000 7301 1701</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

EXHIBIT NO. E 48

7009 0080 0000 7301 1718

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

San Bernardino County
 Department of Child Support Services
 10417 Mountain View Avenue
 Loma Linda, CA 92354-2030
 CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>San Bernardino County Department of Child Support Services 10417 Mountain View Avenue Loma Linda, CA 92354-2030 CV09-02053 & CV09-03445 / JD</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>REC'D SEP 09 2009</p>	
<p>7009 0080 0000 7301 1718</p>	

EXHIBIT NO. E⁴⁹

7009 0080 0000 7301 1725

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

County of San Diego
Department of Child Support Services
P.O. Box 122031
San Diego, CA 92112-2031
CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
County of San Diego
Department of Child Support Services
P.O. Box 122031
San Diego, CA 92112-2031
CV09-02053 & CV09-03445 / JD

REC'D SEP 10 2009

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Ernest Salgado* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
SEP 10 2009

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7009 0080 0000 7301 1725

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

EXHIBIT NO. E⁵⁰

COUNTY OF RIVERSIDE
Code Enforcement Department
24318 Hemlock Avenue, Suite C-1
Moreno Valley, CA 92557

RETURN RECEIPT REQUESTED

RETURN RECEIPT REQUESTED

County of Los Angeles
Child Support Services Department
621 Hawaii Street
El Segundo, CA 90245
CV09-02053 & CV09-03445

REC'D SEP 14 2009

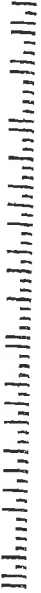
Name _____
1st Notice _____
Mailing _____

NIXIE 900 SE 1 02 09/10/09

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 92557722431 *0604-09226-04-39

9024534914 0015 70724



7009 0060 0000 7301 1732



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7009 0060 0000 7301 1732

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark Here

County of Los Angeles
 Child Support Services Department
 621 Hawaii Street
 El Segundo, CA 90245
 CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

EXHIBIT NO. E⁵¹

7009 0080 0000 7301 1756

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Steve Cooley, District Attorney
 Bureau of Family Support Operations
 5770 South Eastern Avenue
 Commerce, CA 90040
 CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Steve Cooley, District Attorney
 Bureau of Family Support Operations
 5770 South Eastern Avenue
 Commerce, CA 90040
 CV09-02053 & CV09-03445 / JD

REC'D SEP 10 2009

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Date of Delivery

C. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7009 0080 0000 7301 1756

EXHIBIT NO. E⁵³

7009 0080 0000 7301 1763

U.S. Postal Service TM
CERTIFIED MAIL TM RECEIPT
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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

County of Los Angeles
Bureau of Family Support Operations
5770 South Eastern Avenue
Commerce, CA 90040
CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION


- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
County of Los Angeles
Bureau of Family Support Operations
5770 South Eastern Avenue
Commerce, CA 90040
CV09-02053 & CV09-03445 / JD

REC'D SEP 10 2009

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 9/10

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7009 0080 0000 7301 1763

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

EXHIBIT NO. ES4

U.S. Postal ServiceTM
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OFFICIAL USE

7009 0080 0000 7301 1770

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
Here

County of San Diego
 Office of the District Attorney
 P.O. Box 122031
 330 W. Broadway, Suite 700
 San Diego, CA 92112-2031
 CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 County of San Diego
 Office of the District Attorney
 P.O. Box 122031
 330 W. Broadway, Suite 700
 San Diego, CA 92112-2031
 CV09-02053 & CV09-03445 / JD

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Ernest Shultz* Agent
 Addressee

B. Received by (*Printed Name*)
 C. Date of Delivery
 SEP 10 2009

D. Is delivery address different from Item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (*Extra Fee*) Yes

REC'D SEP 10 2009

7009 0080 0000 7301 1770

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

EXHIBIT NO. E55

7009 0080 0000 7301 1787

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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

San Diego County of
The District Attorney
P.O. Box 2031
San Diego, CA 92112
CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>San Diego County of The District Attorney P.O. Box 2031 San Diego, CA 92112 CV09-02053 & CV09-03445 / JD</p> <p>REC'D SEP 10 2009</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p>7009 0080 0000 7301 1787</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

EXHIBIT NO. E⁵⁶

7009 0080 0000 7301 1794

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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Tony Rackauckas
 Bruce M. Patterson
 Family Support Division
 901 Civic Center Dr. West, Suite 150
 P.O. Box 22099
 Santa Ana, CA 92702-2099
 CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to: Tony Rackauckas Bruce M. Patterson Family Support Division 901 Civic Center Dr. West, Suite 150 P.O. Box 22099 Santa Ana, CA 92702-2099 CV09-02053 & CV09-03445 / JD</p> <p style="text-align: center; font-size: 1.2em;">REC'D SEP 09 2009</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> JOE VIGIL <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Joe Vigil</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7009 0080 0000 7301 1794</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

EXHIBIT NO. E⁵⁷

COUNTY OF RIVERSIDE
Code Enforcement Department
24318 Hemlock Avenue, Suite C-1
Moreno Valley, CA 92557

RETURN RECEIPT REQUESTED

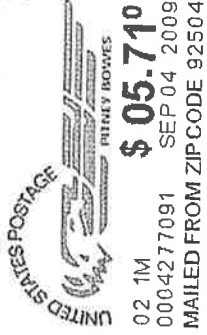
RETURN RECEIPT REQUESTED

CVT

Beverly Sievers
11211 Doheny Drive
Riverside, CA 92513
CV09-02053 & CV09-03445 / JD



7009 0080 0000 7301 1800



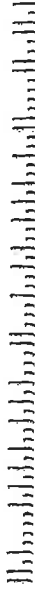
REC'D SEP 08 2009

NIXIE 923 5C 1 06 09/05/09

NOT DELIVERABLE AS ADDRESSED
RETURN TO SENDER
UNABLE TO FORWARD

BC: 92557722431 *0804-08543-04-99

92557722431 92557722431



7009 0080 0000 7301 1800

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark Here

Beverly Sievers
 11211 Doheny Drive
 Riverside, CA 92513
 CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

EXHIBIT NO. E⁵⁸



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[FAQs](#)

Track & Confirm

Search Results

Label/Receipt Number: **7009 0080 0000 7301 1817**

Service(s): **Certified Mail™**

Status: **Notice Left**

We attempted to deliver your item at 9:30 AM on September 5, 2009 in RIVERSIDE, CA 92503 and a notice was left. No further information is available for this item.

Track & Confirm

Enter Label/Receipt Number.

Go >

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[Business Customer Gateway](#)

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No FEAR Act EEO Data

FOIA



The Mailmark®
Tracking System®



U.S. MAIL
Intelligent Mail®

EXHIBIT NO. _____

E⁵⁹

7009 0080 0000 7301 1824

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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Grover Trask
 District Attorney
 Family Support Division
 2041 Iowa Avenue
 Riverside, CA 92507
 CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
	<p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p>	
<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>		
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		
<p>1. Article Addressed to: Grover Trask District Attorney Family Support Division 2041 Iowa Avenue Riverside, CA 92507 CV09-02053 & CV09-03445 / JD</p>	<p>REC'D SEP 10 2009</p>	
<p>2. Article Number (Transfer from service label)</p>	<p>7009 0080 0000 7301 1824</p>	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

EXHIBIT NO. E60

7009 0080 0000 7301 1831

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For delivery information visit our website at www.usps.com
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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Bruce M. Patterson
Family Support Division
901 Civic Center Dr. West, Suite 150
P.O. Box 22099
Santa Ana, CA 92702-2099
CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Bruce M. Patterson
Family Support Division
901 Civic Center Dr. West, Suite 150
P.O. Box 22099
Santa Ana, CA 92702-2099
CV09-02053 & CV09-03445 / JD

REC'D SEP 09 2009

COMPLETE THIS SECTION ON DELIVERY

A. Signature **JOE VIGIL** Agent
 Addressee

B. Received by (*Printed Name*) _____ C. Date of Delivery _____

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

7009 0080 0000 7301 1831

Domestic Return Receipt 102595-02-M-1540

EXHIBIT NO. E⁶¹

7009 0080 0000 7301 1848

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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Orange County District Attorney
Family Support Division
P.O. Box 22099
Santa Ana, CA 92702-2099
CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Orange County District Attorney
Family Support Division
P.O. Box 22099
Santa Ana, CA 92702-2099
CV09-02053 & CV09-03445 / JD

REC'D SEP 09 2009

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X JOE VIGIL Addressee

B. Received by (Printed Name) Joe Vigil C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7009 0080 0000 7301 1848

EXHIBIT NO. E62

7009 0080 0000 7301 1855

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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Gil Garcetti, District Attorney
 Bureau of Family Support Operations
 15531 Ventura Boulevard
 Encino, CA 91436-3157
 CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Gil Garcetti, District Attorney Bureau of Family Support Operations 15531 Ventura Boulevard Encino, CA 91436-3157 CV09-02053 & CV09-03445 / JD</p> <p style="text-align: center; font-size: 1.5em;">REC'D SEP 11 2009</p> <p>2. Article Number (Transfer from service label)</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature X <i>C. Noz...</i> SANTA CLARITA CA 91377 09 SEP 2009 Addressee</p> <p>B. Received by (Printed Name) <i>C. Noz...</i></p> <p>C. Date of Delivery <i>9/8</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 0080 0000 7301 1855</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

EXHIBIT NO. E⁶³

2991 1862 0000 0900 5002

U.S. Postal Service™
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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

County of Los Angeles
Bureau of Family Support Operations
15531 Ventura Boulevard
Encino, CA 91436-3157
CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Nozaradan</p> <p>C. Date of Delivery 9/8</p> <p>D. Is delivery address different from Item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>County of Los Angeles Bureau of Family Support Operations 15531 Ventura Boulevard Encino, CA 91436-3157 CV09-02053 & CV09-03445 / JD</p> <p>REC'D SEP 11 2009</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7009 0080 0000 7301 1862</p>

EXHIBIT NO. E 64

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

7009 0080 0000 7301 1879

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

District Attorney
 Child Support Division
 10565 Civic Center Drive, Suite 250
 Rancho Cucamonga, CA 91730
 CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Lyndee Drake</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>District Attorney Child Support Division 10565 Civic Center Drive, Suite 250 Rancho Cucamonga, CA 91730 CV09-02053 & CV09-03445 / JD</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">REC'D SEP 10 2009</p>	<p>B. Received by (Printed Name)</p> <p><i>Drake</i></p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>Domestic Return Receipt</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p style="text-align: center;">7009 0080 0000 7301 1879</p>		
<p style="text-align: right;">102595-02-M-1540</p>		

EXHIBIT NO. _____

E65

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

7009 0080 0000 7301 1886

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Wizard Financial, Inc.
 31225 La Baya Drive # 109
 Westlake Village, CA 91362
 CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions


<p>SENDER: COMPLETE THIS SECTION</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p>
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) BUSH</p> <p>C. Date of Delivery 9/10/09</p>
<p>1. Article Addressed to:</p> <p>Wizard Financial, Inc. 31225 La Baya Drive # 109 Westlake Village, CA 91362 CV09-02053 & CV09-03445 / JD</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>REC'D SEP 14 2009</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7009 0080 0000 7301 1886</p>

EXHIBIT NO. E 66

7009 0080 0000 7301 1893

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

ATI Re-Registration Project
Fiserv ISS & Co.
P.O. Box 173859
Denver, CO 80217
CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>ATI Re-Registration Project Fiserv ISS & Co. P.O. Box 173859 Denver, CO 80217 CV09-02053 & CV09-03445 / JD</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>VORAHAN</i></p>	
<p>REC'D SEP 11 2009</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, February 2004</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		<p>7009 0080 0000 7301 1893</p>	
<p>Domestic Return Receipt</p>		<p>102595-02-M-1540</p>	

EXHIBIT NO. E⁶⁷

COUNTY OF RIVERSIDE
Code Enforcement Department
24318 Hemlock Avenue, Suite C-1
Moreno Valley, CA 92557

RETURN RECEIPT REQUESTED

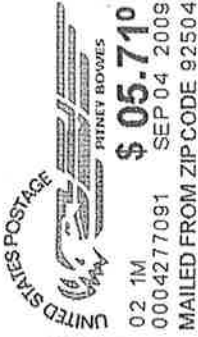
RETURN RECEIPT REQUESTED

REC'D SEP 11 2009

Arrowhead Trust, Custodian for
Thomas L. Denman IRA
24 Executive Park # 125
Irvine, CA 92614
CV09-02053 & CV09-03445 / JD



7009 0080 0000 7301 1909



NIXIE 927 SE 1 01 09/09/09

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 92557722431 *0804-09877-04-99

9261434 2235 26744

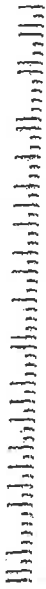


EXHIBIT NO. E 68

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Arrowhead Trust, Custodian for
Thomas L. Denman IRA
24 Executive Park # 125
Irvine, CA 92614
CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006

See Reverse for Instructions

7009 0080 0000 7301 1909

COUNTY OF RIVERSIDE
Code Enforcement Department
24318 Hemlock Avenue, Suite C-1
Moreno Valley, CA 92557

RETURN RECEIPT REQUESTED

RETURN RECEIPT REQUESTED

REC'D SEP 11 2009

Chicago Title Company
A California Corporation
As Trustee
925 B Street
San Diego, CA 92101
CV09-02053 & CV09-03445 / JD



7009 0080 0000 7301 1916



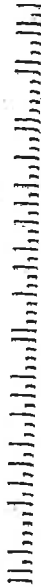
Moved yrs ago

NIXIE 921 5E 1 02 09/09/09

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 92557722491 *0804-09878-04-39

9210104697 0001
9255707224



7009 0080 0000 7301 1916

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark Here

Chicago Title Company
 A California Corporation
 As Trustee
 925 B Street
 San Diego, CA 92101
 CV09-02053 & CV09-03445 / JD

PS Form 3800, August 2006 See Reverse for Instructions

EXHIBIT NO.

E⁶⁹

When recorded please mail to:
 Riverside County Code Enforcement Department
 (District 5 Office)
 24318 Hemlock Avenue, Suite C-1
 Moreno Valley, CA 92557
 Mail Stop No. 5002

DOC # 2009-0383848
 07/23/2009 08:00A Fee:NC
 Page 1 of 1
 Recorded in Official Records
 County of Riverside
 Larry W. Ward
 Assessor, County Clerk & Recorder



S	R	U	PAGE	SIZE	DA	MISC	LONG	RFD	COPY
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M	A	L	465	426	PCOR	NCOR	SMF	NCHG	EXAM
Notice						T:	CTY	UNI	026

NOTICE OF NONCOMPLIANCE

In the matter of the Property of
 Juan Carlos Lopes

)
)

Case No.: CV09-02053 CV09-03444
 CV09-04949 CV09-03445



NOTICE IS HEREBY GIVEN to all persons, pursuant to Section 10 of Ordinance Number 725 of the County of Riverside, State of California, that proceedings have been commenced with respect to violations of Riverside County Ordinance No. 348, (RCC Title 17.16.010) described as Excessive outside storage, Riverside County Ordinance No. 457, (RCC Title 15.48.040) described as Substandard Mobile Home (quality lower than prescribed by law) (x9), Riverside County Ordinance No. 457, (RCC Title 15.08.010) described as Construction without the required permits - room addition to dwelling, bathroom addition to dwelling, second unit, third unit, guest house, large patio cover, recreation room, detached kitchen, triple wide modular installed, double wide mobile home installed, electrical lines added throughout property, Riverside County Ordinance No. 457, (RCC Title 15.48.010) described as Mobile home installation and occupancy without the required building permits & Riverside County Ordinance No. 541, (RCC Title 8.120.010) described as Accumulated Rubbish. Such Proceedings are based upon the noncompliance of such real property, located at 26725 El Toro Road, Lake Elsinore, CA, and more particularly described as Assessor's Parcel Number 346-110-014 and having a legal description of 4.22 ACRES NET IN PAR 1 PM 112/013 PM 14953, Records of Riverside County, with the requirements of Ordinance No. 348, 457 & 541 (RCC Title 17.16.010, 15.48.040, 15.08.010, 15.48.010 & 8.120.010).

The owner has been advised to immediately correct the above-referenced violation to avoid further action by the County of Riverside, which may include remediation or restoration to abate the public nuisance or other remedies available to the department by a court of competent jurisdiction. Any costs incurred by the County, including, but not limited to investigative, administrative and abatement costs and attorneys' fees, may become a lien on the property. Further details regarding this notice may be obtained by addressing an inquiry to the Code Enforcement Department, 24318 Hemlock Avenue, Suite C-1, Moreno Valley, California 92557, Attention Code Enforcement Officer Jacob Dietrich 951-485-5840.

NOTICE IS FURTHER GIVEN in accordance with §17274 and §24436.5 of the California Revenue and Taxation Code, that a tax deduction may not be allowed for interest, taxes, depreciation, or amortization paid or incurred in the taxable year affected by these proceedings.

COUNTY OF RIVERSIDE
 CODE ENFORCEMENT DEPARTMENT

By Mary Overholt
 Mary Overholt
 Code Enforcement Department

ACKNOWLEDGMENT

State of California)
 County of Riverside)

On 07/14/09 before me, Ana E. Carrillo, Notary Public, personally appeared Mary Overholt, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/het/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Ana E. Carrillo
 Commission # 1767676 Comm. Expires Sep. 14, 2011

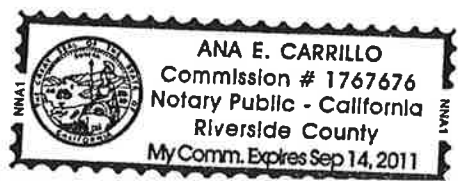


EXHIBIT NO. F

PAMELA J. WALLS
County Counsel

Principal Deputy
KATHERINE A. LIND

OFFICE OF COUNTY COUNSEL
COUNTY OF RIVERSIDE

3960 ORANGE STREET, 5TH FLOOR
RIVERSIDE, CA 92501
TELEPHONE: 951/955-6300
FAX: 951/955-6322 & 955-6363



March 1, 2010

**NOTICE TO CORRECT COUNTY ORDINANCE VIOLATIONS
AND ABATE PUBLIC NUISANCE**

TO: Owners and Interested Parties
(See Attached Proof of Service
and Attached Notice List)

Case Nos.: CV 09-03445 & CV 09-02053
APN: 346-110-014; LOPES
Property: 26725 El Toro Road, Lake Elsinore

NOTICE IS HEREBY GIVEN that a hearing will be held before the Riverside County Board of Supervisors pursuant to Riverside County Ordinance Nos. 348 & 541 (RCC Title 17, 8) and 725 (RCC Title 1) to consider the abatement of the excessive outside storage of materials and accumulated rubbish located on the SUBJECT PROPERTY described as 26725 El Toro Road, Lake Elsinore, **Riverside County, California**, and more particularly described as Assessor's Parcel Number 346-110-014.

YOU ARE HEREBY DIRECTED as owner of the SUBJECT PROPERTY, to appear at this hearing to show cause why the SUBJECT PROPERTY should not be condemned as a public nuisance and be abated by removing the excessive outside storage of materials and accumulated rubbish from the real property.

SAID HEARING will be held on **Tuesday, April 6, 2010, at 9:30 a.m.** in the Board of Supervisors Room, County Administrative Center, 4080 Lemon Street, 1st Floor Annex, Riverside, California at which time and place pertinent evidence will be received and/or testimony from all concerned parties will be heard. Failure to appear on your behalf will result in the exclusion of your testimony, and facts as known to the Code Enforcement Department ("Department") will be presented to the Board of Supervisors for consideration and deliberation in this matter.

Please be advised that the costs already accrued in this case, including but not limited to, enforcement and investigation costs, are recoverable by the Department, as allowed under Riverside County Ordinance No. 725. The Department may seek recovery of such costs from the property owner(s) which may result in a special assessment lien against the SUBJECT PROPERTY. Additionally, should the Department abate the property, the costs associated therewith, as well as all abatement costs allowed under Riverside County Ordinance No. 725 (RCC Title 1), will be sought from the property owner(s) and/or may result in a special assessment lien against the property.

You are encouraged to contact Supervising Code Enforcement Officer Mary Overholt at 951-485-5840 or the undersigned prior to the hearing. Please meet the undersigned and Brian Black, Supervising Code Enforcement Officer, at 8:30 a.m. on the day of the hearing in the lobby of the 1st floor annex in front of the Clerk of the Board's Office to discuss the case.

PAMELA J. WALLS
Riverside County Counsel



JULIE A. JARVI
Deputy County Counsel

EXHIBIT NO. 6

NOTICE LIST

Subject Property: 26725 El Toro Road, Lake Elsinore
Case No.: CV 09-03445 & CV 09-02053; APN: 346-110-014; District 5

JUAN CARLOS LOPES
26725 EL TORO ROAD
LAKE ELSINORE, CA 92532

JUAN CARLOS LOPES
1713 W. GARRY AVENUE
SANTA ANA, CA 92704

CHICAGO TITLE COMPANY, TRUSTEE
925 B STREET
SAN DIEGO, CA 92101

FISERV ISS & CO.
FBO THOMAS L. DENMAN IRA
P.O. BOX 173859
DENVER, CO 80217

WIZARD FINANCIAL, INC.
21335 LA BAYA DRIVE, #109
WESTLAKE VILLAGE, CA 91362

ORANGE COUNTY DISTRICT ATTORNEY
FAMILY SUPPORT DIVISION
P.O. BOX 22099
SANTA ANA, CA 92702-2099

SAN DIEGO OFFICE OF
THE DISTRICT ATTORNEY
P.O. BOX 122031
SAN DIEGO, CA 92112

DEPT. OF CHILD SUPPORT SERVICES
VENTURA COUNTY
4651 TELEPHONE ROAD, SUITE 101
VENTURA, CA, 93003

INTERNAL REVENUE SERVICE
2400 AVILA ROAD, MAIL STOP 5910
LAGUNA NIGUEL, CA 92677

EXHIBIT NO. G²

NOTICE LIST

Subject Property: 26725 El Toro Road, Lake Elsinore
Case No.: CV 09-03445 & CV 09-02053; APN: 346-110-014; District 5

DEAN R. PROBER, ESQ.
POLK, PROBER & RAPHAEL
20750 VENTURA BLVD., #100
WOODLAND HILLS, CA 91364

SPECIAL PROCEDURES SECTION
P.O. BOX 2952
SACRAMENTO, CA 95812-2952

RIVERSIDE COUNTY SUPERIOR COURT
FINANCIAL SERVICES DIVISION
4100 MAIN STREET
RIVERSIDE, CA 92501
RE: RIF113708

ESKANOS & ADLER, P.C.
DONALD R. STEBBINS/JANET L. BROWN
KURTISS A. JACOBS/JEROME M. YALON
2325 CLAYTON ROAD
CONCORD, CA 94520

PACIFIC CREDIT EXCHANGE
15760 VENTURA BLVD., #A-11
ENCINO, CA 91436-3057

BLF FINANCIAL SERVICES, A CORP.
DBA DOLPHIN FINANCIAL SERVICE
2495 EAST ORANGETHORPE, #201
FULLERTON, CA 92831

STATE OF CALIFORNIA
EMPLOYMENT DEVELOPMENT DEPT.
LIEN GROUP, MIC 92G
P.O. BOX 826880
SACRAMENTO, CA 92480-0001

LEGAL RECOVERY LAW OFFICES, INC.
MARK D. WALSH
5030 CAMINO DE LA SIESTA, #340
SAN DIEGO CA, 92108

CATHEDRAL CITY FIRE DEPARTMENT
32100 DESERT VISTA ROAD
CATHEDRAL CITY, CA 92234

L:\DOCS\6000\0903445\A70107.DOC

EXHIBIT NO. 6³

NOTICE LIST

Subject Property: 26725 El Toro Road, Lake Elsinore
 Case No.: CV 09-03445 & CV 09-02053; APN: 346-110-014; District 5

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">JUAN CARLOS LOPES 1713 W GARRY AVENUE SANTA ANA CA 92704</p> <p style="color: blue; font-size: small;">CV09-03445 & CV09-02053 (LOPES) ART 18</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>2. Article Number (Transfer from service label) 7008 3230 0001 1234 1108</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">CATHEDRAL CITY FIRE DEPARTMENT 32100 DESERT VISTA ROAD CATHEDRAL CITY CA 92234</p> <p style="color: blue; font-size: small;">CV09-03445 & CV09-02053 (LOPES) ART 18</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>2. Article Number (Transfer from service label) 7008 3230 0001 1234 1269</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">LEGAL RECOVERY LAW OFFICES, INC. MARK D WALSH 5030 CAMINO DE LA SIESTA, #340 SAN DIEGO CA 92108</p> <p style="color: blue; font-size: small;">CV09-03445 & CV09-02053 (LOPES) ART 18</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>2. Article Number (Transfer from service label) 7008 3230 0001 1234 1252</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>

EXHIBIT NO. 4 G

NOTICE LIST

Subject Property: 26725 El Toro Road, Lake Elsinore
 Case No.: CV 09-03445 & CV 09-02053; APN: 346-110-014; District 5

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 RIVERSIDE COUNTY SUPERIOR COURT
 FINANCIAL SERVICES DIVISION
 4100 MAIN STREET
 RIVERSIDE CA 92501
 RE: RIF-113708

2. Article Number
 (Transfer from service label) **7008 3230 0001 1234 1207**
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

CV 09-03445 & CV 09-02053 (LOPES) ART 18

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) Date of Delivery
 C. Date of Delivery **3-2-10**
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) Date of Delivery
 C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

INTERNAL REVENUE SERVICE
 2400 AVILA ROAD MAIL STOP 5910
 LAGUNA NIGUEL CA 92677

2. Article Number
 (Transfer from service label) **7008 3230 0001 1234 1177**
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

CV 09-03445 & CV 09-02053 (LOPES) ART 18

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 ORANGE COUNTY DISTRICT ATTORNEY
 FAMILY SUPPORT DIVISION
 PO BOX 22099
 SANTA ANA CA 92702-2099

2. Article Number
 (Transfer from service label) **7008 3230 0001 1234 1146**
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

CV 09-03445 & CV 09-02053 (LOPES) ART 18

COMPLETE THIS SECTION ON DELIVERY

A. Signature **JOE VIGIL** Agent Addressee
 B. Received by (Printed Name) **Joe Vigil** C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

**SANTA ANA CASPIURGEON STATION
 MAR - 3 2010**

EXHIBIT NO. **G**

NOTICE LIST


Subject Property: 26725 El Toro Road, Lake Elsinore
 Case No.: CV 09-03445 & CV 09-02053; APN: 346-110-014; District 5

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SAN DIEGO OFFICE OF
 THE DISTRICT ATTORNEY
 PO BOX 122031
 SAN DIEGO CA 92112

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

B. Receiver Myrle Dean (Name) Date of Delivery

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
 MAR 03 2010

2. Article Number *CV 09-03445 & CV 09-02053 (LOPS) APT 18* 7008 3230 0001 1234 1153
(Transfer from service label)

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-4-1540

Office of County Counsel
 3960 Orange Street 5th Floor
 Riverside, CA 92501

CERTIFIED MAIL



7008 3230 0001 1234 1153



NOT DELIVERED AS ADDRESSED
 INQUIRY: 1-800-375-8799
 ATTENTION: MAIL ROOM
 NO SUNDAY DELIVERY
 OTHER: 13 BARR UNIT
 RT# 13

CHICAGO TITLE COMPANY TRUSTEE
 925 B STREET
 SAN DIEGO CA 92101

NIXIE 921 3E 1 00 03/04/10
 RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD

3210 554 589 2 4 4

BC: 92501364403 *2404-06866-01-39

EXHIBIT NO. 96

NOTICE LIST

Subject Property: 26725 El Toro Road, Lake Elsinore
 Case No.: CV 09-03445 & CV 09-02053; APN: 346-110-014; District 5

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent B. Received by (Printed Name) <input type="checkbox"/> Addressee C. Date of Delivery D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: SPECIAL PROCEDURES SECTION PO BOX 2952 SACRAMENTO CA 95812-2952		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		COMPLETE THIS SECTION ON DELIVERY A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <input type="checkbox"/> Addressee C. Date of Delivery D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: DEPT OF CHILD SUPPORT SERVICES VENTURA COUNTY 4651 TELEPHONE ROAD SUITE 101 VENTURA CA 93003		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		102595-02-M-1540	

EXHIBIT NO. 18

NOTICE LIST

Subject Property: 26725 El Toro Road, Lake Elsinore
 Case No.: CV 09-03445 & CV 09-02053; APN: 346-110-014; District 5

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 FISERVISS & CO
 FBO THOMAS L DENMAN IRA
 PO BOX 173859
 DENVER CO 80217

2. Article Number
 (Transfer from service label) **7008 3230 0001 1234 1222**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

B. Received by (Printed Name) Agent
[Signature] Addressee

C. Date of Delivery
 MAR 0 4 2010

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 STATE OF CALIFORNIA
 EMPLOYMENT DEVELOPMENT DEPT.
 LIEN GROUP MIC 92G
 P.O. BOX 826880
 SACRAMENTO CA 92480-0001

2. Article Number
 (Transfer from service label) **7008 3230 0001 1234 1245**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

B. Received by (Printed Name) Agent
[Signature] Addressee

C. Date of Delivery
 MAR 0 4 2010

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 PACIFIC CREDIT EXCHANGE
 15760 VENTURA BLVD #A-11
 ENCINO CA 91436-3057

2. Article Number
 (Transfer from service label) **7008 3230 0001 1234 1214**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

B. Received by (Printed Name) Agent
[Signature] Addressee

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

89 EXHIBIT NO.



Track & Confirm

Search Results

Label/Receipt Number: **7008 3230 0001 1234 1221**
Service(s): **Certified Mail™**
Status: **Delivered**

Your item was delivered at 11:46 AM on March 5, 2010 in ROCKVILLE, MD 20850.

Track & Confirm

Enter Label/Receipt Number.

[Go >](#)

Detailed Results:

- **Delivered, March 05, 2010, 11:46 am, ROCKVILLE, MD 20850**
- **Arrival at Unit, March 05, 2010, 9:24 am, ROCKVILLE, MD 20850**

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
For delivery information visit our website at www.usps.com		
OFFICIAL USE		
	Postage	\$ <u>.44</u> <u>MAILED 3/1/10</u>
	Certified Fee	<u>2.80</u>
	Return Receipt Fee (Endorsement Required)	<u>2.30</u>
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ <u>5.54</u>
Sent To Street, Apt. or PO Box City, State	ESKANOS & ADLER PC DONALD R STEBBINS/JANET L BROWN KURTISS A JACOBS/JEROME M YALON 2325 CLAYTON ROAD CONCORD, CA 94520	
PS Form 3800, August 2006 See Reverse for Instructions		

EXHIBIT NO. 69



Track & Confirm

Search Results

Label/Receipt Number: **7008 3230 0001 1234 1139**
Service(s): **Certified Mail™**
Status: **Delivered**

Your item was delivered at 3:14 PM on March 17, 2010 in WESTLAKE VILLAGE, CA 91359.

Track & Confirm

Enter Label/Receipt Number.

Go >

Detailed Results:

- Delivered, March 17, 2010, 3:14 pm, WESTLAKE VILLAGE, CA 91359
- Notice Left, March 13, 2010, 5:38 pm, WESTLAKE VILLAGE, CA 91359
- Forwarded, March 09, 2010, 10:25 am, THOUSAND OAKS, CA
- Forwarded, March 03, 2010, 9:48 am, THOUSAND OAKS, CA
- Arrival at Unit, March 03, 2010, 7:50 am, THOUSAND OAKS, CA 91362

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>											
For delivery information visit our website at www.usps.com											
OFFICIAL USE											
<table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">Postage</td> <td style="text-align: right;">\$.44</td> </tr> <tr> <td style="text-align: right;">Certified Fee</td> <td style="text-align: right;">2.80</td> </tr> <tr> <td style="text-align: right;">Return Receipt Fee (Endorsement Required)</td> <td style="text-align: right;">2.30</td> </tr> <tr> <td style="text-align: right;">Restricted Delivery Fee (Endorsement Required)</td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: right;">Total Postage & Fees</td> <td style="text-align: right;">\$ 5.54</td> </tr> </table>	Postage	\$.44	Certified Fee	2.80	Return Receipt Fee (Endorsement Required)	2.30	Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$ 5.54	<p style="font-size: 1.5em; color: blue;">MAILED 3/11/10</p> <p>Postmark Here</p>
Postage	\$.44										
Certified Fee	2.80										
Return Receipt Fee (Endorsement Required)	2.30										
Restricted Delivery Fee (Endorsement Required)											
Total Postage & Fees	\$ 5.54										
Sent To											
Street, Apt. No., or PO Box No. City, State, ZIP+4	WIZARD FINANCIAL INC 21335 LA BAYA DRIVE #109 WESTLAKE VILLAGE CA 91362										
PS Form 3800, August 2006 See Reverse for Instructions											

EXHIBIT NO. 6¹⁰

NOTICE LIST

Subject Property: 26725 El Toro Road, Lake Elsinore
 Case No.: CV 09-03445 & CV 09-02053; APN: 346-110-014; District 5

7008 3230 0001 1234 1092

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.44	MAILED 3/1/10 Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.54	

Sent To
 BLF FINANCIAL SERVICES A CORP
 DBA DOLPHIN FINANCIAL SERVICE
 2495 EAST ORANGETHORPE #201
 FULLERTON, CA 92831

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0001 1234 1092

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.44	MAILED 3/1/10 Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.54	

Sent To
 JUAN CARLOS LOPES
 26725 EL TORO ROAD
 LAKE ELSINORE CA 92532

PS Form 3800, August 2006 See Reverse for Instructions

EXHIBIT NO. 6

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PROOF OF SERVICE

Case Nos. CV 09-03445 & CV 09-02053

STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

I, Brenda Peeler, declare that I am a citizen of the United States and am employed in the County of Riverside, over the age of 18 years and not a party to the within action or proceeding; that my business address is 3960 Orange Street, 5th Floor, Riverside, California 92501.

That on March 1, 2010, I served the following document(s):

**NOTICE TO CORRECT COUNTY ORDINANCE VIOLATIONS
AND ABATE PUBLIC NUISANCE**

by placing a true copy thereof enclosed in a sealed envelope(s) addressed as follows:

**Owners or Interested Parties
(see attached notice list)**

XX **BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED.** I am "readily familiar" with the office's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. Postal Service on that same day with postage thereon fully prepaid at Riverside, California, in the ordinary course of business.

 BY PERSONAL SERVICE: I caused to be delivered such envelope(s) by hand to the offices of the addressee(s).

XX **STATE - I declare under penalty of perjury under the laws of the State of California that the above is true and correct.**

 FEDERAL - I declare that I am employed in the office of a member of the bar of this court at whose direction the service was made.

EXECUTED ON March 1, 2010, at Riverside, California.



BRENDA PEELER

EXHIBIT NO. 6¹²



**CODE ENFORCEMENT DEPARTMENT
COUNTY OF RIVERSIDE**

JOHN BOYD
Director

AFFIDAVIT OF POSTING OF NOTICES

March 5, 2010

RE CASE NO: CV0902053

I, James Pike, hereby declare:

I am employed by the Riverside County Code Enforcement Department; that my business address is 24318 Hemlock, Ave., Suite C-1, Moreno Valley, California 92557 .

That on 03/04/10 at 0930, I securely and conspicuously posted Notice of Abatement Hearing and the Officer Declaration at the property described as:

Property Address: 26725 EL TORO RD, LAKE ELSINORE

Assessor's Parcel Number: 346-110-014

I declare under the penalty of perjury that the foregoing is true and correct.

Executed on March 5, 2010 in the County of Riverside, California.

CODE ENFORCEMENT DEPARTMENT

By: James Pike, Code Enforcement Officer

EXHIBIT NO. 6^B



**CODE ENFORCEMENT DEPARTMENT
COUNTY OF RIVERSIDE**

JOHN BOYD
Director

AFFIDAVIT OF POSTING OF NOTICES

March 5, 2010

RE CASE NO: CV0903445

I, James Pike, hereby declare:

I am employed by the Riverside County Code Enforcement Department; that my business address is 4080 Lemon Street, 12th Floor, Riverside, California 92501 .

That on 03/04/10 at 0930, I securely and conspicuously posted Notice of Abatement Hearing and the Officer Declaration at the property described as:

Property Address: 26725 EL TORO RD, LAKE ELSINORE

Assessor's Parcel Number: 346-110-014

I declare under the penalty of perjury that the foregoing is true and correct.

Executed on March 5, 2010 in the County of Riverside, California.

CODE ENFORCEMENT DEPARTMENT

By: James Pike, Code Enforcement Officer

EXHIBIT NO. _____

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